

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2022 FEB -1 A 11:01

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Alva Swafford Striplin

3. Address (include post office box or street, city, state, zip code)

3607 Donegal Drive
Tallahassee, Florida 32309

4. Telephone

(850) 9338864

5. E-mail address

alvastriplin@yahoo.com

6. Office sought (include district, circuit, group number)

Leon County School Board, District 1

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my

☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Mary Striplin

11. Mailing Address

1121 Pine St.

12. Telephone

(850) 5669011

13. City

Tallahassee

14. County

Leon

15. State

Florida

16. Zip Code

32303

17. E-mail address

marypeytonstriplin@gmail.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

Capital City Bank

20. Address

217 N. Calhoun St.

21. City

Tallahassee

22. County

Leon

23. State

Florida

24. Zip Code

32301

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

1-13-21

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Mary Peyton Striplin, do hereby accept the appointment
(Please Print or Type Name)

designated above as:



Campaign Treasurer



Deputy Treasurer.

1-13-22

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA
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I, Alva Swafford Striplin ,
candidate for the office of Leon County School Board, District 1 ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

1-13-21

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).